

A Promise of Resilience - Children with Special Health Care Needs

Resiliency as a dynamic and moving force is offered as a promise of overcoming the odds for many children with disabilities. Resiliency captures the purpose of our web site dedicated to the premise of hope and optimism of rebounding in a forward way, stretching and flexing in response to the pressures and strains of life. We would suggest this life force is inherent in all living things imposing its effects from genetics, development, history, family culture, context and environment and expressing its effects recursively back unto these same dimensions in such ways which restructures and makes them anew. Health outcomes such as physical, mental and social wellbeing is interposed with resiliency processes. The following multiple pathways to these endings propose energies and resources which can be modified and built upon using systems of relationships and communication, telling of ones life stories while renewing values, beliefs and meanings making us stronger to both survive and even thrive.

Listed below are the four summaries of ABLE's practices which promote resiliency.

Building Blocks for Resiliency

Understanding Heartfelt Conversations

Much of communication is nonverbal and begins in the heart. The first meeting with our client-family is the crux of our assessment process, and all things we might do to help in the future are dependent on how we first come together and communicate. What we say is tempered by how we greet each other, and how we engage in reciprocal moves of eyes, face, tone of voice and gestures.

We believe we've captured the dozen or so elements essential in getting communication started with client-families. These simple ideas are a part of our training, and yet they often elude the best of us. Conversation is taken for granted, but it is difficult to say the right thing and to include all needed elements in what is said. Unless we do this well, we will hardly get anywhere in learning our family's goals. The family must perceive our communication to be based on unconditional regard and genuineness. Likewise we are mindful of the contrasts between cultures and different life-ways and seek different skills and attitudes as well as knowledge of ways of talking and relating while we remain aware of our beliefs and values that might develop into prejudices and ethnocentrism. Likely, we will need to learn first about what is going well with the family before becoming too immersed in their unresolved problems. Certainly though, we need to accommodate a parent's notion of when it is appropriate to bring up their concerns. In this assessment process, we have many ways of finding out what already works well for the family.

It is important for us to learn what we need to do as helpers for the family. This is the first step in building resiliency in clients. ([Click here to Part I Practices/Documents, Forms, and Handout Links](#))

Sharing Mindful Talk

After the heart of our assessment process, the initial meeting, we focus on engaging in mindful conversations. Our goal is to find ways of hearing what is said and to exchange information. If new ideas can flow between both parties, they may be shared with others as well.

We begin our analysis by focusing on several areas in the experience of child and family concerning the existing physiological and medical realities and how they interact with wider social, community and cultural realities.

Initially, because we would forget, we began by using a crib sheet so we wouldn't omit any of the eight bio-psychosocial and cultural points of view, but now we can incorporate these easily and routinely. Noting the way the problem stands in relation to many other variables helps us think in novel ways that are more holistic and constructive. We are much more likely to arrive at mutually satisfactory multiple-viewpoint solutions with parents over their child's problem rather than merely suggest single causes and over-simplified answers. Ultimately, our goal is a "goodness-of-fit," or high degree of matching temperaments between the child and the social expectations of his/her social-physical environment. To the degree these "bio-psycho-social-cultural structures" are aligned, positive outcomes prevail.

A "sparkling outcome" from these eight levels of transactions would accurately assess the level of the child's experience. Each level of transaction is built upon a previous hierarchical and sequential one, starting with the most simple and elemental: *bio-physical constructions*, such as bodily physiology affecting vitality, sleep, toileting and eating. The next level involves constitutional temperament features influenced by *modulating sensory sensitivities and movement*. Before *organizing mental abilities* and symbols, important *attachment* and *two-way contingent emotional communication* are prerequisites. Further and higher levels include magnified impacts of *telling and retelling of family stories* and optimal stimulation by *complexities of school*, and *cultural communities* which further emotional, cognitive and identity development into formal and systemic proportions. Accurately assessing a child's level allows interventions that support scaffolding to gain higher or newer levels of development.

This section reveals for us the balance of risks and corresponding child-protection factors from which alternative stories can be drawn. Consider how much more important the stories from the child and family's experiences are than the simplified labels or descriptions used by professionals, which can overwhelm an individual in their ability to act on their own stories. A diagnosis is helpful but insufficient to answer all questions about a person's identity, relationships and life experiences. Sometimes a "family experience diagnosis" is all that's needed for a general understanding of conditions without compromising an individual's preferences and choices that would be oppressed by a DSM 1V diagnosis. This is our second building block of resiliency. ([Click here to Part II practices/Documents, Forms, and Handout Links](#))

We Look for Connections —Taking Action Together

Figuratively speaking, the heart and mind are linked by the body. Similarly, concerned helpers must bring the heart and mind together within a system. Such systems can then broker solutions for the benefit of special-needs patients with complex problems. These solutions intend to join families and the community for finding solutions to all heart, mind, and body difficulties. Links can be found under our Other Resources menu.

Like the body having many organs and systems, the team's goal is to join pieces into a working system for the family. This care system is formed from a team of helpers. This team can be created from within the family, extended family, and, if needed, outside the family—including friends, pastors, bishops, mentors and teachers, and helpers from social service agencies. Two or more people working together enable family members to connect and take powerful actions. The two-way communication process in teamwork strengthens and builds resiliency and provides a sense of direction.

Helping teams can offer some instructive feedback in honest non-confrontational ways. But also, we have found that when a group acts as a positive witness, or audience, a positive outcome often follows. This occurs when a family tells stories about how they survived tough times and bounced back through their mutual resiliency. The team can act as a mirror, with gentle queries about discrepancies between family goals and their current realities. See [Guide to Conferencing Handout](#).

Another purpose in gathering people together is to help the family formulate its needs and goals and possibly to construct a Family Health Plan. This mutually devised plan contains co-constructed goals. These goals are organized and prioritized into a systematic strategy. This concrete assistance to families maximizes child-environment transactions or positive matching of the child with the environment. It provides support and learning opportunities from which parents later solve many more problems for themselves. Parents and children are given the tasks:

- Choosing the goals they want.
- Talking about making use of their anticipated gains.
- Making contact with instrumental people.

Feedback emphasizes the parents' volition and agency. In this connective tissue of body, heart, and mind, resilience is born and is promoted using a [Family Health Promotion Concept Plan](#). ([Click here to Part III practices/Documents, Forms, and Handout Links](#))

Narrative Tools for Building Adaptive Identities

After heart, mind and body connections, we seek to include the spirit of person's lived past, from the meanings, values and purposes we gain from life's experiences—disabilities and all. Here, we ask, "Why?" "What is the significance?" "What difference does this problem/solution make for you now?" And "How do you make sense of what happened?" We believe a child and family's relating to their own significant experiences is healthful and restorative and that this is the place from which new beliefs about one's sense of self may be appreciated and esteemed. When the child and family arrive at their own motivating and influencing statements, we have the narrative grist—our "*holy grail*"—from which a description of themselves, threads through personal stories of hardship, of questing and of recovery or improvement, greater collective identity has been achieved. A client's expression of these ideas may not need to be verbal or written, but may include multiple forms of movement, dance, sports, art, music and other non-verbal ways to communicate. These forms of communication express character, hold identity, bring to light new beliefs, and in total compel and inform a client's resilient internal flow.

We have formulated several sequences for helping to edit, store, digest, and metabolize the narratives originating from the child, family, school and the cultural community. We bring multiple sources of healing. These resources begin with the formation of *safety and protective boundaries*, where feeling a *sense of belonging* can be achieved. By *finding a voice and having it acknowledged and validated*, *individuals and families gain added resilience*. Further, these enriched anecdotal storied experiences test out one's *reflective and relational capacities*, and *increased sense of meaningful understandings*, which embodies multi-stories and may lead to a clearer definition of one's *multiple identities*. This particular opportunity fosters an altered perspective of who people are and how individuals fit in relation to the deficits, disabilities and misfortunes people encounter on one hand and opportunities, generative lived experiences and their retellings on the other hand. ([Click here to Part IV practices/Documents, Forms, and Handout Links](#))